



Parks and Recreation Department Softball & Baseball Registration Form

PLAYER FEE: \$50

*cash, check, & card accepted

Sport Registering for: _____

League: Rookie 7-8 ☐ Minor 9-10 ☐ Major 11-12 ☐ Upper League 13-15 ☐

Shirt Size (circle one): Medium (10-12) - Large (14-16) - AS - AM - AL - AXL - AXXL

Application Deadline: Rookie/Minor/ Major—**March 27th** - Upper League—**May 8th**

All applications received by the deadline are guaranteed a roster spot. Applications received after the deadline may be placed on a waiting list and are subject to a \$20 late fee. Roster limits for softball and baseball are 12 per team.

Participant's Information

Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Email Address: _____ Phone: _____

Emergency Contact (in the case that parent/guardian cannot be reached):

_____ Phone: _____

Birthday ___/___/___ * Age as of 5/1/20: _____

** A player's age as of May 1, 2020 will determine the league that he/she will play in.*

******A copy of your child's birth certificate must accompany this application******

Coaches Needed (please check all you are interested in): Head Coach ☐ Assistant Coach ☐

All coaches are required to have a background check on file. Background checks must be renewed every year.

Parent/Guardian Agreement

I hereby certify that _____ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims arising out of the program which he/she may ever have against the city of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees, and agents and their heirs, executors, and administrators.

I grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

I also permit the City of Madison Parks & Recreation Department to use any photographs taken of my child while participating in this program for the use of promotional literature.

Signature of Parent/Guardian _____ **DATE** _____

Return this form and payment to the Madison Parks Department (located in the Brown Gym). Forms may be left in the drop box or mailed to 101 W. Main St. Madison, IN 47250. For more information or questions, call 812-265-8308 or 812-493-9840.